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PTO/58/05 (12-97)

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		<i>Attorney Docket No.</i> BNL-2019 <i>Total Pages</i> 37
<i>First Named Inventor or Application Identifier</i>		
Betsy M. Sutherland		
<i>Express Mail Label No.</i> EF074477129US		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification <i>[Total Pages 37]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of invention. - Cross References to Related Applications. - Statement Regarding Fed sponsored R & D. - Reference to Microfiche Appendix. - Background of the Invention. - Brief Summary of the Invention. - Brief Description of the Drawings <i>(if filed)</i>. - Detailed Description. - Claim(s). - Abstract of the Disclosure. 3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> <i>[Total Sheets 5]</i> 4. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages 2]</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.53(d)) c. <input checked="" type="checkbox"/> Unexecuted <i>(for continuation/divisional with Box 17 completed)</i> <p style="text-align: center;"><i>[Note Box 5 below]</i></p> <ul style="list-style-type: none"> 1. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		
6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <ul style="list-style-type: none"> 8. <input type="checkbox"/> Assignment Papers <i>(cover sheet & document(s))</i> 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>Power of Attorney</i> <i>(when there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <i>Copies of IDS Citations</i> 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Small Entity Statement(s) <i>Statement filed in prior application.</i> <i>Status still proper and desired.</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other: _____ 		
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18. CORRESPONDENCE ADDRESS					
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Kevin M. Farrell				
SIGNATURE					
DATE	4/17/01				

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Betsy M. Sutherland

Prior Application No.: 60/198,681

Prior Filing Date: April 20, 2000

Title: METHOD FOR ASSAYING CLUSTERED DNA DAMAGES

FEE TRANSMITTAL FORM

BOX PATENT APPLICATION

Assistant Commissioner for

Patents

Washington, DC 20231

Dear Sir:

The filing fee for the referenced application has been calculated as shown below.

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATION
	TOTAL CLAIMS	31-20 =	11	x 18	198
	INDEPENDENT	3-3=	0	x 80	0
MULTIPLE DEPENDENT CLAIMS			270		
			BASIC FEE		710
			SUBTOTAL		908
Reduction by 50% for filing by small entity					
				TOTAL =	454

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Please charge my Deposit Account No. 06-0130 in the amount of \$_____. Two copies of this transmittal are enclosed.

A check in the amount of \$_____. to cover the filing fee is enclosed.

Respectfully submitted,



Kevin M. Farrell
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York Harbor, ME

Dated: 4/17/09

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